

(Rev. 4/97)

# United States District Court For The District Of Delaware

ORIGINAL

Donald G. Johnson #182421

Plaintiff

P.O. Box 9561

V.

Wilmington, Del 19809

## APPLICATION TO PROCEED WITHOUT PREPAYMENT OF FEES AND AFFIDAVIT

United States Marshals Office et al.,

Defendant(s)

844 N. King Street

Wilmington, Del 19801

CASE NUMBER: CR 05-29

I, Ronald G. Johnson declare that I am the (check appropriate box)☒ Petitioner/Plaintiff/Movant☐ Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to Question 2)

If "YES" state the place of your incarceration

Howard R. Young Correctional Institution  
1301 E 12th Street, Wilmington, Delaware 19809Are you employed at the institution? No Do you receive any payment from the institution? No

Have the institution fill out the certificate portion of this affidavit and attach a ledger sheet from the institution(s) of your incarceration showing at least the past SIX months' transactions. The ledger sheet is not required for cases filed pursuant to 28:USC §2254.

2. Are you currently employed? ☐ Yes ☒ Noa. If the answer is "YES" state the amount of your take-home salary or wages and pay period and give the name and address of your employer. N.A.b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. N.A.Been incarcerated over 4 years

3. In the past 12 twelve months have you received any money from any of the following sources?

- |   |                              |  |
|---|------------------------------|--|
| a. Business, profession or other self-employment  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends           | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments    | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances                          | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Any other sources                              | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

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DISTRICT OF DELAWARE  
1809  
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4. Do you have any cash or checking or savings accounts?

☐ Yes

☒ No

If "Yes" state the total amount \$ N.A.

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?

☐ Yes

☒ No

If "Yes" describe the property and state its value. N.A.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, OR state NONE if applicable. N.A.

N.A.

I declare under penalty of perjury that the above information is true and correct.

July, 2006  
DATE

Ronald E. Johnson  
SIGNATURE OF APPLICANT

### CERTIFICATE

(Incarcerated applicants only)

*(To be completed by the institution of incarceration)*

I certify that the applicant named herein has the sum of \$ 0.06 on account his/her credit at (name of institution) Howard R. Young Correctional Institution (HRYCI).

I further certify that the applicant has the following securities to his/her credit:

I further certify that during the past six months the applicant's average monthly balance was \$ 5.60

and the average monthly deposits were \$ 20.00.

7/3/06  
Date

[Signature]  
SIGNATURE OF AUTHORIZED OFFICER

(NOTE THE REQUIREMENT IN ITEM 1 FOR THE INMATE TO OBTAIN AND ATTACH LEDGER SHEETS OF ACCOUNT TRANSACTIONS OVER THE PAST SIX MONTH PERIOD. LEDGER SHEETS ARE NOT REQUIRED FOR CASES FILED PURSUANT TO 28:USC §2254)

ORIGINAL

RESIDENT HISTORY REPORT

Page 1 of 1

HRYCI

07/03/06 13:32

ST 007 / OPR JMH

SBI : 182421  
Resident Name : JOHNSON, RONALD G  
Time Frame : 02/15/2006 13:13 - 07/03/2006 13:32

Date	Time	Type	ST	OPR	Receipt #	Amount	Balance
02/15/2006	13:13	Add	8	RP	H18789	20.00	20.05
02/22/2006	08:39	Order	2	DDT	B102794	17.93	2.12
02/27/2006	09:25	Rec Payment	6	kjg	F17062	1.93	0.19
03/01/2006	09:10	Order	2	WLH	B103957	0.13	0.06

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2006 JUL 10 PM 4:00



Ronald G. Johnson  
#182421 / H.R.Y.C.I  
P.O. Box 9561  
Wilmington Delaware 19809

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United States District Court  
For The District OF Delaware  
844 N. King Street  
Wilmington, Delaware 19801

U.S.M.S.  
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